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**Responsibility for Statements and Conclusions in Original Articles.**—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

**Contributions—Exclusive Publication.**—Articles are accepted for publication on condition that they are contributed solely to this journal.

**Contributions—Length of Articles; Extra Costs.**—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

**Leaflet Regarding Rules of Publication.**—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this journal write to its office requesting a copy of this leaflet.

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## EDITORIALS†

### PROPOSED INITIATIVE LAW TO OPEN COUNTY HOSPITALS IN CALIFORNIA TO NON-INDIGENT PATIENTS WILL NOT BE ON THE STATE ELEC- TION BALLOT IN NOVEMBER

**Petitions for the Proposed Initiative Lack the Necessary 186,000 Valid Signatures.**—It is good news that current information brings to us,\* namely, that the petitions for a proposed initiative law that would open the county hospitals of California to non-indigent patients failed of having the 186,000 valid signatures of voters, necessary to place the measure on the state ballot in November. California's legal requirements for placement of an initiative law on a state election ballot demand that the petition lists, gathered by notary public representatives and properly sworn to, must be filed with county clerks or county registrars of voters prior to July 15; these county officials then having until August 4 to check on the validity of the signatures, which on or before the latter date must be certified to the Secretary of State of California. Present advices indicate that the petitions will not be filed for the 1936 election.

\* \* \*

**The Theme and Summary of the Proposed Initiative.**—CALIFORNIA AND WESTERN MEDICINE, in its issue for last May, on page 355 set forth the theme of the petitions and gave a summary of the proposed law as prepared by Attorney-General Webb; but for members of the Association who may not have read the same, these articles are here reprinted:

#### THEME OF PETITIONS

The petitions are addressed to the Secretary of State of California, and read:

We, the undersigned, registered qualified electors of the State of California, residents of Kern County, present to the Secretary of State this petition and hereby propose an amendment to the Constitution of the State of California by adding Section 21 to Article XI thereof, to read as hereinafter set forth in full, and petition that the same be submitted to the electors of the State of California for

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column, which follows.

\* See news items from Lodi *News-Sentinel*, and other articles printed in this issue on pages 207 and 211.

their adoption or rejection at the next succeeding general election or as provided by law.

The Attorney-General has summarized the proposed measure as follows:

Establishment and maintenance of hospitals for pay patients by political subdivision. Initiative constitutional amendment. Authorizes the governing body of any city, county, or city and county, to establish and maintain a hospital for the care and treatment of any resident thereof, whether an indigent or non-indigent, and to enact rules prescribing the rates to be charged each resident, other than indigents, for hospital services and supplies.

\* \* \*

**Address of Alfred Siemon, Esq., Guest Speaker at the Coronado Annual Session.**—In our comments in the May number, we made only brief mention of this proposed initiative. At the recent Coronado annual session, Alfred Siemon, Esq., of Bakersfield, who led the successful legal battle against the board of supervisors in the Kern County Hospital controversy, was invited, as a guest speaker, to address the House of Delegates on the subject of county hospitals, and in the course of his remarks stated:

"This proposed amendment is rather short, and I shall read it to you in full. As the petitions are being circulated it reads as follows:

"The governing body of any city, county, or city and county, is hereby authorized and empowered to establish and maintain therein a hospital or hospitals; to provide rules and regulations for the proper management and appointment of the necessary officers and employees thereof; and said governing bodies shall make rules and regulations governing the admission to and the care, as a patient in said hospital, of any citizen of the United States who is a resident of said county, city, or city and county, whether such persons be indigents or non-indigents, and may in said rules and regulations establish the rates or fees to be charged each non-indigent patient for services rendered and supplies furnished such non-indigent patient in such hospital."

\* \* \*

**For the Present, California Will Not Go into Private Hospital Business.**—A perusal of the above reveals the far-reaching scope of this proposed law, which proponents in Kern and other counties felt certain they would be able to have the citizens of California enact through initiative vote. It is a hopeful sign, therefore, that in their preliminary efforts these propagandists were not successful, and it is our opinion that in the months ahead, before another state election is held in 1938, a full discussion of this contemplated law, which would make the constitutional political subdivisions of California, namely, its counties, engage in hospital business on a pay basis, in competition with the many hospitals that have been brought into being in the past, will result in the development of a strong sentiment among the voters and taxpayers of California, against any such extension of governmental function into a field where there is an imaginary, rather than a real need.

\* \* \*

**The Record of the Private Hospitals of California.**—One has only to survey the California hospital statistics of recent years, and to consult the audits of income and expenses of hospitals, to be convinced that at the present time, and in

most communities, ample hospital facilities exist, and that the charges rendered by these institutions are not out of proportion to the actual costs of the service demanded by patients. These hospitals pay taxes on their properties; their employees receive wages which rarely, if ever, are above the average; their costs for foods and supplies are held down to a minimum, and, be it said further, up to the present time, they have in good faith made it possible for the people of California to secure hospitalization facilities in keeping with the best standards in the United States. This proposed law would blot out most of these institutions through a competition whereby the non-taxed and politically-managed county hospitals would probably undersell the services of these previously-established institutions. In other words, this proposed law would practically make it possible for county boards of supervisors to use public funds to permit a limited number of citizens to buy hospitalization services at less than actual cost, and so engage in competition with private business. If this be permissible, why not then pass laws to permit boards of supervisors to maintain clothing and food establishments that could undersell those commodities, as quoted in the open market, to such citizens who felt they could not pay the prices in stores and shops, or who chose from the standpoint of personal economy, or chiseling, to avail themselves of such a privilege?

\* \* \*

**Proponents of the Initiative Seemingly-Blind to the Administrative and Other Difficulties.**—

Let it be remembered, too, that in all this discussion of hospital costs that has been presented by the proponents of this "county hospitals open to all citizens" measure, the advocates of the plan seem to have had no clear comprehension of the difficulties that would arise in hospital administration through admission and care in the same institution of non-pay (indigent) patients, side by side with whole or part-pay (non-indigent) patients.

Take, for example, the large Los Angeles County Hospital, whose most recent structural addition cost in excess of fifteen million dollars, and which constantly has between 2,400 and 3,000 in-patients. Even under present conditions, the problems which are constantly arising in the care of the several thousand indigent or charity patients are such as tax the best administrative supervision that can be had for that institution. If in that picture of some 3,000 patients, with its large administrative staff, fifty resident physicians, 125 internes, and 500 attending physicians, surgeons and specialists (this last group of attending men giving gratuitous service to the poor), one would bring into the institution through the proposed law, say, 1,000 or more pay patients with their personal physicians, many of whom would be unfamiliar with that hospital's routine, so necessary for efficient service, then it is possible to understand how, in a brief time period, one would have confusion ten times confounded. Think of the turmoil that would undoubtedly be created by pay patients who imagined they were

entitled to better service than their indigent fellows! Would the pay patients be content to be cared for in the same wards with the indigents? Would they accept the same foods and service? And what would the board of supervisors do, in case an additional 1,000 pay patients demanded admission, when all beds were already filled? Which of the two types of patients, pay or non-pay, would be given preference under such conditions? Could not such pay citizens who were refused admission go into the courts with demands for damages? Would it then be necessary to build another fifteen-million-dollar unit for these pay or part-pay patients? And after that, then what?

\* \* \*

**Civic Obligations of Physicians in the Coming Primary and Final Elections.**—One could go on and comment at length on some of the features of the proposed plan to "open county hospitals for all citizens," and emphasize not only the illegality but the impracticability of the entire dream. In good time, it may be necessary to do that very thing. For the present, we are content that the petitions for the new law are lacking in sufficient signatures, and we believe that among those to be congratulated are none other than the proponents of the measure, who evidently do not appreciate what they have been advocating.

On August 4, the newspapers will have informed us whether the petitions have been filed with the Secretary of State. Whether the proponents will use their present propaganda to influence the next California legislature, which will convene in January, 1937, we do not know. That is a something for future consideration. In that connection, however, we should all be alert to our immediate civic responsibilities, both in the primary election in August and, what is of equal importance, in coming to a decision as to what assemblymen and state senators will deserve support in the November elections. No legislator with unsound public health opinions should receive the endorsement of any physician or layman who believes in scientific medicine and proper conservation of the public health. Let us keep that fact in mind, and act accordingly.

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**DEL MONTE ANNUAL SESSION, MAY 2-5, 1937: PAPERS FOR SCIENTIFIC PROGRAM SHOULD BE STARTED NOW**

**Essayists for Next Year's Annual Session Should Write to Association Officers.**—By the time this issue of CALIFORNIA AND WESTERN MEDICINE reaches its readers, the Coronado annual session, the report of which was printed in our April number on page 301, will have been three months behind us, thus leaving only nine months for the preparation, by members of the California Medical Association, of papers that may be in contemplation for next year's annual session. Members having in mind such essays which they desire to submit for consideration by the various sections and the Committee on Scientific Program should communicate as soon as possible with the proper officials.

The roster of section officers is printed in each issue at the top of advertising page 4, and the names of the members of the standing Committee on Scientific Work are given under that heading on advertising page 2. Communications for that committee should be sent to Association Secretary Warnshuis, who is ex officio its chairman.

\* \* \*

**Rules Regarding Annual Session Papers Should Also Be Read.**—The attention of members is also called to the "Rules Regarding Papers and Discussions at Annual Sessions," which will be found on page 315 of the April number. Observance of the simple and necessary requirements adopted by the Council will aid expeditious publication in CALIFORNIA AND WESTERN MEDICINE, and make for the prevention of embarrassing situations that might otherwise arise. Authors should present original copies of their papers to their section secretaries at the time of reading; and section officers, in turn, will save themselves unnecessary correspondence and work in post-convention days by always asking for the original copies immediately after the papers have been read. Compliance with the above suggestions will make annual session programs convenient alike for authors, the section officers and Committee on Scientific Program, and for the Committee on Publications of the official journal.

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**HARRISON NARCOTIC LAW**

**Harrison Narcotic Law a Live Topic.**—Discussions of the Harrison Narcotic Act in the medical press, from the time that law was enacted by Congress in the year 1914, have covered many, many pages. And rightly so, because repeatedly, in all sections of the country, federal officers, in their zealous efforts to enforce the statute, oft-times have misconstrued their functions as laid down in the law, and thereby, through improper arrest, have subjected physicians to loss of both money and reputation.

\* \* \*

**Complications Arising from Operation of the Los Angeles Municipal Narcotic Clinic.**—In Los Angeles several cases have been before the federal courts, in which members of the Los Angeles County Medical Association, who were on the staff of the municipal narcotic clinic—brought into existence and operated as one of the activities of the Los Angeles City Health Department!—were haled before the federal court charged with violation of the Harrison narcotic law.

‘ ‘ ‘

**Recent Decision of Federal Judge Leon R. Yankwich.**—Under date of July 16, one of the physicians, so accused, wrote us the letter printed on page 213. He enclosed a copy of the opinion handed down on June 23, 1936, by U. S. District Judge Leon R. Yankwich.\* To this decision, as sent out by the Los Angeles City Health Department, we are giving a place in the original articles

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\* See page 164 for full opinion.